



Permits and Inspections Division
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CHANGE OF CONTRACTOR REQUEST FORM

*New Contractor must be registered with Missouri City.

This form may be emailed, faxed, mailed, or submitted in person.

Permit #: _____

Project Address: _____

Owner: _____

Contact#: _____ Email: _____

Contractor Name: _____ Company: _____

Contact#: _____ Email: _____

STATUS OF JOB AT TIME OF CHANGE: _____

Original Contractor Signature (if available) Date

Print Name Date

New Contractor Signature Date

Print Name Date

Owner or Authorized Agent Signature Date

Print Name Date

Building Official/Deputy Building Official Date